

REQUEST FOR OVERTIME			DATE:	
THRU:		TO:	FROM:	
Please approve overtime (in excess of the 40 hour workweek) for the employee(s) listed below:				
DATE(S) OF OVERTIME	NAME	SSN	TOTAL NO. HOURS	TYPE OF REIMBURSEMENT COMP. TIME-CASH
JUSTIFICATION:				
REQUESTED BY (Group Lead):			APPROVED BY (Department Manager):	
FUNDS APPROVED:			BALANCE:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			SIGNATURE OF APPROVING OFFICIAL:	